

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00081896	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable Angela L.			OFFICE USE ONLY	
	NICKNAME LAST Angie Graves-Harrington			Date Received ELECTRONICALLY FILED 01/15/2026	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked	
	REDACTED PER 254.0313, GOVT CODE			Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Darryl D.			MI	
	NICKNAME LAST Harrington			SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	REDACTED PER 254.0313, GOVT CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 240-5035				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 07/01/2025		Month Day Year 12/31/2025	THROUGH	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) Family District Court Judge District 246 Harris		12 OFFICE SOUGHT (if known) District Judge District 246		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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13 C / OH NAME	Graves-Harrington, Angela L. (The Honorable)		14 Filer ID 00081896	(Ethics Commission Filers)																									
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td colspan="3">COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td colspan="3"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="3">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td></td> <td colspan="3">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td colspan="3">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				<input type="checkbox"/> GENERAL					<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					COMMITTEE CAMPAIGN TREASURER NAME					COMMITTEE CAMPAIGN TREASURER ADDRESS		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME																											
	<input type="checkbox"/> GENERAL																												
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																											
		COMMITTEE CAMPAIGN TREASURER NAME																											
		COMMITTEE CAMPAIGN TREASURER ADDRESS																											
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ 0.00																									
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 12,000.00																									
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00																									
	4. TOTAL POLITICAL EXPENDITURES			\$ 6,196.67																									
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 82,914.53																									
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 7,500.00																									
17 AFFIDAVIT																													
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p>																													
<p>The Honorable Angela L. Graves-Harrington</p> <hr/> <p>Signature of Candidate or Officeholder</p>																													
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>																													
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>																													
<hr/> <p>Signature of officer administering oath</p>		<hr/> <p>Printed name of officer administering oath</p>		<hr/> <p>Title of officer administering oath</p>																									

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Graves-Harrington, Angela L. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00081896
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 12,000.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 7,500.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 6,196.67	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/14
2 FILER NAME Graves-Harrington, Angela L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Kennedy, PC 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger Law Firm, PC Contributor address; City; State; Zip Code Spring, TX 77379		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Law PLLC Contributor address; City; State; Zip Code Houston, TX 77008-1757		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/14												
2 FILER NAME Graves-Harrington, Angela L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081896												
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Dale & Associates, PC 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$500.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/17/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Nancy H Boler Contributor address; City; State; Zip Code Bellaire, TX 77401</td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Nancy H Boler Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Nancy H Boler Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/17/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peavy, John Contributor address; City; State; Zip Code Houston, TX 77288</td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Retired</td> <td>Contributor's Job Title Retired Judge</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm NA</td> <td>Law firm of contributor's spouse (if any) NA</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any) NA</td> </tr> </table>			Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peavy, John Contributor address; City; State; Zip Code Houston, TX 77288	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation Retired		Contributor's Job Title Retired Judge	Contributor's employer/law firm NA		Law firm of contributor's spouse (if any) NA	If contributor is a child, law firm of parent(s) (if any) NA		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peavy, John Contributor address; City; State; Zip Code Houston, TX 77288	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation Retired		Contributor's Job Title Retired Judge												
Contributor's employer/law firm NA		Law firm of contributor's spouse (if any) NA												
If contributor is a child, law firm of parent(s) (if any) NA														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/14												
2 FILER NAME Graves-Harrington, Angela L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081896												
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater & Associates PLLC 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$2,500.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 09/17/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers Boudreaux Attorney at Law Contributor address; City; State; Zip Code Houston, TX 77096 </td> <td> Amount of Contribution (\$) \$1,500.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers Boudreaux Attorney at Law Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$1,500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers Boudreaux Attorney at Law Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$1,500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 09/17/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simms Law Group, PLLC Contributor address; City; State; Zip Code Houston, TX 77036 </td> <td> Amount of Contribution (\$) \$500.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simms Law Group, PLLC Contributor address; City; State; Zip Code Houston, TX 77036	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simms Law Group, PLLC Contributor address; City; State; Zip Code Houston, TX 77036	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/14												
2 FILER NAME Graves-Harrington, Angela L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081896												
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Kuehm Law Firm, PLLC 6 Contributor address; City; State; Zip Code Houston, TX 77017	7 Amount of Contribution (\$) \$1,000.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 09/17/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters Gilbreath, PLLC Contributor address; City; State; Zip Code Houston, TX 77002 </td> <td> Amount of Contribution (\$) \$500.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters Gilbreath, PLLC Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters Gilbreath, PLLC Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 09/17/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells Mediation Service Contributor address; City; State; Zip Code Houston, TX 77006 </td> <td> Amount of Contribution (\$) \$500.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells Mediation Service Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells Mediation Service Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

LOANS (JUDICIAL)**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 8/14
2 FILER NAME Graves-Harrington, Angela L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081896
4 TOTAL OF UNITEMIZED LOANS		\$ 7,500.00
5 Date of loan	7 Name of lender 8 Lender address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#: 9 Loan Amount (\$) 10 Interest Rate 11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 9/14	2 FILER NAME Graves-Harrington, Angela L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 07/25/2025	5 Payee name American Association of Matrimonial Lawyers - Texas	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 3773 Richmond Avenue Ste 599 Houston, TX 77046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket for annual dinner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name CampaignPartner.com/Data Ecology LLC	
Amount (\$) \$35.00	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name CampaignPartner.com/Data Ecology LLC	
Amount (\$) \$35.00	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 10/14	2 FILER NAME Graves-Harrington, Angela L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 10/19/2025	5 Payee name CampaignPartner.com/Data Ecology LLC	
6 Amount (\$) \$35.00	7 Payee address; City; PO Box 118 Still River, MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name CampaignPartner.com/Data Ecology LLC	
Amount (\$) \$35.00	Payee address; City; PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name CampaignPartner.com/Data Ecology LLC	
Amount (\$) \$35.00	Payee address; City; PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 11/14	2 FILER NAME Graves-Harrington, Angela L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 07/19/2025	5 Payee name CampaignPartner.com/Data Ecology LLC	
6 Amount (\$) \$35.00	7 Payee address; City; PO Box 118 Still River, MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dropbox.com	Office sought Office held
Date 09/05/2025	Payee name Dropbox.com	
Amount (\$) \$127.79	Payee address; City; 333 Brannan Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Grammarly	Office sought Office held
Date 07/14/2025	Payee name Grammarly	
Amount (\$) \$60.00	Payee address; City; 548 Market Street #35410 San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Grammarly	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 12/14	2 FILER NAME Graves-Harrington, Angela L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 11/20/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 3302 Canal Street Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition filing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name Houston Livestock Show	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 8334 Fannin Street Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Mentimeter	
Amount (\$) \$143.88	Payee address; City; State; Zip Code 500 King Street West Toronto ON M5V 1L8 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 13/14	2 FILER NAME Graves-Harrington, Angela L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081896	
4 Date 09/02/2025	5 Payee name National Association of Women Judges		
6 Amount (\$) \$255.00	7 Payee address; City; State; Zip Code PO Box 3363 Warrenton, VA 20188		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual dues	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 14/14
2 FILER NAME Graves-Harrington, Angela L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081896
LENDER INFORMATION	4 Name of lender Harrington, Angela	
	5 Lender address; City; State; Zip Code Houston, TX 77002	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor	
	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Harrington, Daylen	
	Lender address; City; State; Zip Code Houston, TX 77002	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	